

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 585050

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6						
7						
8			1			
9						
10						
11						
12						
13						
14						
15						
16						
17			1			
18						
19						
20						
21						
22						
23						
24						
25			1			
26						
27						
28						
29						
30				3		
31				3		
32				3		
33				3		
34				1		
35			1			
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48						
49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←		38	←		←
TOTAL CLAIMS			44			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						